

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	02/24/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	NON-CYANIDE SILVER PLATING BATH COMPOSITION
Attorney Docket Number::	004522-00027
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ronald  
Middle Name:: J.  
Family Name:: Morrissey  
Name Suffix::  
City of Residence:: Cranston  
State or Province of Residence:: Rhode Island  
Country of Residence:: USA  
Street of mailing address::  
City of mailing address:: 82 Woodstock Lane  
Cranston  
State or Province of mailing address:: Rhode Island  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 02920

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of Residence::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

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State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

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Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

## **Correspondence Information**

Correspondence Customer Number:: 22910

## **Representative Information**

Representative Customer Number:: 22910

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::